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ABSTRACT

Infant mortality is a complex issue linked to societal problems such as teen pregnancy, poverty, unemployment, illiteracy, and violence. This report chronicles the accomplishments of the Southern Regional Project on Infant Mortality in seeking solutions, sharing strategies, and building coalitions to reduce infant mortality in the south. Phase 1 involved the development of recommendations by a Task Force created by governors and legislators that could guide policymakers and advocates at the state and federal levels. It also involved the creation of a Work Group which was the technical support arm of the Task Force. Phase 2 involved promoting the recommendations through state seminars, research on social programs, formation of coalitions to mobilize the religious and corporate communities in the struggle against infant mortality, an adolescent pregnancy prevention initiative, and conferences and legislative briefings on relevant issues. Phase 3 concentrated efforts to help selected southern states increase access to preventive care and nutrition services for poor pregnant women and infants, to publish reports on Aid to Families with Dependent Children and Medicaid, and to sponsor a legislative summit to develop a plan for achieving the Surgeon General's maternal and child health goals for the year 2000. Goals for the next 10 years are discussed. Tables delineate southern state and national infant mortality and low birthweight rates from 1981-1991. Appendices list members of the Task Force, Work Group, staff members, advisory board members, final recommendations of the Task Force, and the 1994-95 action plan. A list of project publications completes the document. (KDFB)

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Coming of Age

Ten Years in the Campaign Against Infant Mortality

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The Southern Regional Project on Infant Mortality 1984-1994

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COMING OF AGE

TEN YEARS IN THE CAMPAIGN AGAINST INFANT MORTALITY

THE SOUTHERN REGIONAL PROJECT ON INFANT MORTALITY
1984-1994

Produced by the
Southern Regional Project on Infant Mortality

Southern Governors' Association
Southern Legislative Conference

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Glossary of Terms

Infant Mortality

The death of children under one year of age. Infant mortality rates are expressed as the number of infant deaths per 1,000 live births.

Low Birthweight

Weight at birth that is less than 5.5 pounds or 2,500 grams. Infants born at low birthweight are more likely than normal weight newborns to die in their first four weeks of life or to survive with birth defects, developmental delays and serious illnesses. Low birthweight rates are calculated as the percent of infants born weighing less than 5.5 pounds.

Neonatal Mortality

The death of children less than 28 days old. Neonatal mortality rates are expressed as the number of neonatal deaths per 1,000 live births.

Postneonatal Mortality

The death of children older than 28 days and less than one year of age. Postneonatal mortality rates are expressed as the number of neonatal deaths per 1,000 live births.

FOREWORD

Recently, I visited a hospital neonatal intensive care unit. Crib upon crib lined the unit containing tiny little beings weighing no more than one or two pounds, connected to tubes, catheters, respirators and heart monitors. It crystallized for me the extent of human suffering and human tragedy that still exists in our country. Ten to 15 years ago, many of these babies would not have survived birth at this weight. Now, due to medical advancements, more babies are being saved -- but at what cost?

Ten years ago, the infant mortality rate in the South was alarmingly high. It was then that governors and legislators joined forces to address this critical problem and created the Southern Regional Project on Infant Mortality (The Project). In recognition of a decade of service to the states, we are pleased to release *Coming of Age: Ten Years in the Campaign Against Infant Mortality*. This special report chronicles the efforts and accomplishments of the Project in seeking informed solutions, sharing successful strategies and building coalitions in furtherance of infant mortality reduction in the South. With technical assistance from the Project, the South has worked aggressively to reduce infant mortality rates. However, despite improvements in infant mortality rates in the past decade, low birthweight rates are worsening. Babies are still being born too small and too soon.

Infant mortality is a complex issue linked to many societal problems such as teen pregnancy, poverty, unemployment, illiteracy and violence. As our nation experiences rises in these problems and concomitant shrinkages in state resources, the economic security, safety and quality of our nation's future could be in jeopardy. It costs up to $2,000 per day to care for low birthweight infants and the length of stay can be as long as six months depending on the infant's problems. Add to this the cost to society when this infant grows up with a host of chronic physical and emotional problems that prevents him or her from finishing school or obtaining gainful employment or leading a productive life. We know that more babies would be born healthier, improving their chances to lead a productive life, if more women sought out early and continuous prenatal and preventive health services. We also know that far too many women in this country cannot access this care because they do not have basic health coverage. Studies continue to bear out that every dollar we invest in preventive care saves three later.

Over the next few years, the Project will work to arm policymakers, health officials and advocates with the information and resources necessary to maintain and enact policies and programs that will improve the quantity and quality of health services for pregnant and parenting women and infants. As described in *Coming of Age*, the Project will focus on three issue areas: promoting preventive services, ensuring financial access to care, and enhancing systems of care. Our current and future initiatives will support these priorities.

Coming of Age has demonstrated that there is remarkable commitment among southern leaders and citizens to the issue of infant mortality and low birthweight which has resulted in important progress. However, as is very evident in this report, infant mortality does not have a quick fix. It is an issue that requires sustained action and a collective investment that extends from Congress to our communities. If we turn our backs on this problem, we will lose ground.

As we move into a new decade, we look to the National Health Goals for the Year 2000 as our benchmark measures to gauge states' progress and maternal and child health outcomes. As these goals are attained, babies will have an improved chance of survival past infancy and an increased opportunity for a productive life. *Coming of Age* represents the many steps the South has taken to achieve these goals and offers the promise of important steps to come.

Stephanie Harrison

Stephanie Harrison
Director
Southern Regional Project on Infant Mortality

INTRODUCTION

A TEN-YEAR CAMPAIGN FOR CHILDREN

The Southern Regional Project on Infant Mortality was founded on a simple and uncontroversial premise: all children should be born healthy, and all should live to celebrate their first birthday. Translating that premise into practice and policy has been the Project's mission since its inception a decade ago.

When Virginia Governor Charles S. Robb in 1984, urged his fellow governors to join him in establishing a task force to address the alarmingly high rates of infant mortality throughout the South, he could not have foreseen the impact his proposal would have on policymaking and health care services in the ten years that followed. What began as a collaboration of concerned citizens charged with developing policy recommendations has become an influential and essential source of research, technical assistance and policy advocacy on a wide range of maternal and child health issues.

> ***"The best, most effective way to comprehensively address these problems is to bring together the people who deal with the issue from a variety of perspectives and encourage them to work cooperatively to make progress."***
>
> **South Carolina Governor Richard W. Riley**
> Chairman, Southern Regional Task
> Force on Infant Mortality
> October 24, 1984

The Task Force, established and supported by the southern governors and legislators, set for itself the goal of producing, within one year, a comprehensive set of realistic recommendations that could guide policymakers and advocates at both the state and federal levels. After publishing these recommendations in 1985, the Task Force evolved into an Advisory Committee for the Southern Regional Project on Infant Mortality, whose purpose was to seek implementation of the Task Force recommendations, to continue to raise public awareness and to gather and disseminate information about infant mortality and approaches to preventing it.

In the nine years that followed, the Project expanded its focus from promoting the Task Force recommendations through a series of state seminars, to addressing in a variety of arenas the broad social, medical and economic factors that contribute to infant mortality in the South. During these years, the Project has energized community members and policymakers to combat the various factors that contribute to infant deaths, from adolescent pregnancy to low birthweight, from health care provider shortages to substance abuse.

The Project played a critical role in separating Medicaid eligibility from eligibility for Aid to Families with Dependent Children (AFDC), and was instrumental in promoting expansions of the Medicaid program to ensure that health services are accessible to all pregnant and parenting women. Project activities have included enlisting the religious and corporate communities in the crusade against infant mortality and examining barriers to accessing the federal Special Supplemental Food Program for Women, Infants and Children (WIC). The Project has hosted numerous state seminars, legislative briefings and special summits designed to generate public awareness while focusing statewide intellectual and financial resources on the problem of infant mortality, its causes and the most effective ways to prevent it.

And while the Project's initiatives and efforts have encompassed issues from Medicaid eligibility to medical malpractice liability, it has not strayed from the mission that was adopted at the Task Force's first meeting in December 1984:

> *Our mission is to examine and increase awareness of the costly and preventable tragedy of infant mortality in the region [the South] and to recommend specific, workable actions*

that policymakers, health care professionals, concerned members of the public and the women at highest risk of bearing critically ill newborns can take to ameliorate the conditions--teenage pregnancy, poor diet, inadequate medical care, ignorance and poverty--that can turn what should be one of life's most joyful moments to sorrow.

For 10 years, the Project — and its earlier incarnation, the Task Force — has galvanized concerned policymakers, politicians, religious and corporate leaders, service providers and maternal and child health advocates in the continuing effort to give every baby a fair chance at life.

THE FIRST PHASE:
Recommendations for State & Federal Action

The Southern Regional Task Force on Infant Mortality was the product of the 50th Annual Meeting of the Southern Governors' Association (SGA) in July 1984 in Williamsburg, Virginia. It was at that meeting that Governor Charles Robb, the SGA's outgoing chairman, gained unanimous support from the member governors for a policy statement creating the Task Force. A month later, the Southern Legislative Conference (SLC) added its support to the Task Force by adopting a similar policy statement at its Annual Meeting in Virginia Beach, Virginia.

The seeds for the Task Force, however, had been planted the previous year. At a December 1983 meeting of the Southern Legislators' Conference on Children and Youth (jointly sponsored by the SLC, National Conference of State Legislators, and The National Council of Juvenile and Family Court Judges), participants in a workshop on preventing low birthweight and infant mortality discussed the need for a group to address the high concentration of poor perinatal statistics in the South. Their idea soon earned the endorsement of the Association of Maternal and Child Health/Crippled Children's Directors, along with the support of a variety of maternal and child health groups. The enthusiastic embrace of the idea by both the SGA and the SLC, in 1984, initiated a project that would become an influential and unifying force for policymakers and health officials in Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, the Virgin Islands, and West Virginia.

This unique partnership between southern governors and legislators directed national attention as it never had been before to the problem of infant mortality (the death of infants before their first birthday). The commitment of governors and legislators to put aside partisanship and parochial interests and cooperate in the pursuit of a common goal — the prevention of needless infant death and disability — ensured that numerous prominent persons would contribute to the effort.

The Task Force was comprised of leading southern state legislators selected by the Southern Legislative Conference; appointees of each of the southern governors; and representatives chosen by national health, civic and religious groups. Its membership list included nationally-respected child health advocates and luminaries such as current First Lady Hillary Rodham Clinton; Children's Defense Fund President Marian Wright Edelman; former Health, Education and Welfare Secretary Joseph A. Califano, Jr.; and U.S. Senator Dale Bumpers, among many others. It was chaired by then-Governor (and now U.S. Secretary of Education) Richard W. Riley of South Carolina, who was appointed to the position by the 1984-85 SGA chair, Florida Governor Bob Graham.

> ***"Not all infants can be saved from death or disability, but many more could have a healthy life. There are short term and long term strategies that leaders throughout the South must institute if progress is to be made."***
>
> **Rae K. Grad**
> Director, Southern Regional Project on Infant Mortality
> November 1985

The governors and legislators who established the Task Force hoped to draw attention to the critical problem of infant mortality in the South and to promote preventive measures to reduce its incidence. At the time of the Task Force's formation, the United States overall had a less than stellar record guaranteeing the health of its children — with an infant mortality rate that surpassed those of most other industrialized nations, including Japan, Germany, France and Britain[1] — but the picture in

[1] 1985 STATE OF THE WORLD'S CHILDREN REPORT

the South was particularly bleak. In 1982, 10 of the 11 states with the highest infant mortality rates in the United States were in the South. The southern infant mortality rate that year (defined as the number of infants per 1,000 live births who die before the age of one) was 12.7, ten percent higher than the still unacceptable nationwide rate of 11.5.[2]

After his appointment as chair, Governor Riley moved quickly to gather a diverse and knowledgeable group of people to participate as members of the Task Force and its technical support arm, known as the Work Group. The Work Group consisted of governors' appointees, including state maternal and child health directors and other public and private health officials. It was chaired by Sarah Shuptrine, Director of the South Carolina Division of Health and Human Services. (See Appendices A and B for complete lists of the original Task Force and Work Group members.)

With financial assistance from the Department of Health and Human Services, the March of Dimes Birth Defects Foundation and a number of corporate donors, the Task Force and Work Group reviewed the status of infant mortality in the South, called the attention of policymakers and others to the problem and assessed state and federal approaches to infant mortality prevention. The Task Force met three times in 1984 and 1985 and produced four reports examining the costs to society of infant mortality, the benefits of preventive efforts, and the various programs and policies that state agencies and private organizations had developed to address the problem.

Meetings of both the Work Group and the Task Force were characterized by honest and thoughtful discussion among a diverse group of people with a common interest and mutual respect for one another's perspectives. They began with clearly stated and carefully defined objectives and ended with a specific plan to achieve those objectives.

The Work Group first convened in October 1984 to prepare the ground for the Task Force's first meeting in December. At that meeting, the Work Group members identified their short, medium, and long-term goals, respectively: increasing awareness among policymakers of the problem and with possible solutions, assisting policymakers with improved approaches to addressing infant mortality, and reducing the incidence of infant mortality in the South. Governor Riley, who addressed the Work Group, called the Task Force "one of the most important human resource initiatives currently going on in the South." After discussing the dismal problems of low birthweight, adolescent pregnancy and racial disparities in infant mortality rates, he praised the Work Group and Task Force as embodiments of the notion that the "best, most effective way to comprehensively address these problems is to bring together the people who deal with the issue from a variety of perspectives and encourage them to work cooperatively to make progress."

With the path ahead already outlined by the Work Group, the Task Force convened in December in Columbia, South Carolina. This first meeting of the Task Force was a remarkable event, with religious leaders, health professionals, state and federal legislators, governors and governors' spouses coming together to develop a detailed strategy for assessing needs, developing specific recommendations for action and promoting the implementation of those recommendations. Task

STATE OF THE SOUTH: THEN...

In 1982:

- **10 of the 11 states with the highest infant mortality rates in the US were in the South[a]**
- **17,971 Southern babies died before their first birthday[b]**
- **Of the 1,415,916 babies born in the South, 247,239 were born to teenage mothers (18% of all births); 5,554 of those babies were born to girls 14 and under[b]**
- **7.6% of all births (107,418 babies) in the South were born too soon or too small (under 5 pounds, 8 ounces), as compared to 6.3% of all births in the non-South.[b]**
- **Only about 71% of women in the South received early, adequate health care during pregnancy.[c]**

Source: National Center for Health Statistics, 1982 Final Data

[a] Does not include the District of Columbia, Puerto Rico or the Virgin Islands

[b] Does not include the Virgin Islands

[c] Does not include Puerto Rico or the Virgin Islands

[2] National Center for Health Statistics, 1982 Final Data

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Force members present at the meeting represented the American College of Nurse Midwives, the American Academy of Pediatrics, the Children's Defense Fund, the National Council of Negro Women, the American College of Obstetricians and Gynecologists and many other organizations concerned with maternal and child health. The Task Force was committed to developing realistic recommendations that would not merely languish for years atop a pile of policy papers; throughout the discussions Mrs. Clinton played a particularly persistent role in maintaining the emphasis on action.

A Series of Reports

Within two months, the Task Force and Work Group produced two reports for presentation to the Southern Governors' Association at its February 1985 Winter Meeting. The first of these, the Task Force's Interim Report, presented an overview of the problem and outlined a series of broad preliminary recommendations for reducing infant mortality in the South. The second, entitled *A Fiscal Imperative*, showed the cost effectiveness of preventive prenatal and infant care and human resource programs, and documented ways in which money can be saved by investing in prevention. Both reports attracted national attention to the problem of infant mortality and to the activities of the Task Force.

Introducing the reports to the SGA members, Governor Riley spoke movingly to his fellow governors of the need to reduce infant mortality. "Whether you look at the human story or the financial considerations," he said, "the answer is the same--we must concentrate on prevention to save lives and money. We, as governors, must provide leadership on this issue."

The Task Force produced its third report, *An Investment in the Future*, to supplement a forum on infant mortality that the Task Force conducted at the Annual Meeting of the Southern Legislative Conference in Biloxi, Mississippi on July 22, 1985. The report, based on a survey of state legislatures in the South, described legislative strategies states were using to improve maternal and infant well-being, identifying initiatives that might serve as models for other states. At the forum, SLC chairman and Alabama State Senator Ted Little reiterated the concern with action that had motivated the Task Force since its inception.

"The intent of the Task Force has never been to do endless studying of a problem which we already know exists and for which we already have many answers," Senator Little told his fellow legislators. "Rather, the intent has been to map out a blueprint for action for the South to work for improvements in infant mortality." Governor Riley, addressing the same group, emphasized the multifaceted and preventable nature of infant mortality, saying that "the problem of infant mortality is far from being solely a medical one but involves social, educational, economic and many other factors which we can influence."

By the time the Task Force met for the last time, in November 1985, it had produced a Final Report containing a comprehensive set of policy recommendations to guide officials at the state and federal levels. In a foreword to the report, Rae K. Grad, R.N., Ph.D.— who had served throughout

...AND NOW

In 1991:

- **9 of the 11 states with the highest infant mortality rates in the US were in the South[a]**
- **14,272 Southern babies died before their first birthday[b]**
- **Of the 1,497,881 babies born in the South, 233,068 were born to teenage mothers (16% of all births); 6,099 of those babies were born to girls 14 and under[c]**
- **7.9% of all births (116,553 babies) in the South were born too soon or too small (under 5 pounds, 8 ounces), compared to 6.7% of those in the non-South.[b]**
- **Only about 65.7% of women in the South received early, adequate health care during pregnancy.[c, d]**

Sources: National Center for Health Statistics and state vital statistics offices, unless otherwise noted

[a] Does not include the District of Columbia, Puerto Rico or the Virgin Islands

[b] Does not include the Virgin Islands

[c] Does not include Puerto Rico or the Virgin Islands

[d] Alan Guttmacher Institute, 1986 data

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the year as Project Director for the Task Force — called for a "collaborative commitment by policymakers, health care professionals from a variety of disciplines, and corporate and community leaders to make infant mortality a priority deserving special attention and immediate action."

THE PROJECT'S LEAD GOVERNORS

1984-86	*Gov. Richard Riley (SC)*
1986-88	*Gov. Michael Castle (DE)*
1988-90	*Gov. Bill Clinton (AR)*
1990-91	*Gov. Ray Mabus (MS)*
1991-93	*Gov. David Walters (OK)*
1993-95	*Gov. Pedro Rosello (PR)*

The Final Report identified four areas in which state and federal policymakers could address the incidence of infant mortality: service delivery, financing, education and awareness of state and community leaders, and research. The report provided specific suggestions for action in each of these areas, along with several examples of initiatives that some states and the federal government had already undertaken. Among the more than 40 recommendations contained in the report were proposals to expand health education curricula in schools, establish coalitions to coordinate public awareness activities, address the issue of professional liability for maternal health care providers, expand eligibility for AFDC and Medicaid, and enlist corporate, religious and community leaders to address infant mortality and low birthweight.

THE PROJECT'S LEAD LEGISLATORS

1984-86	*Sen. Doug Henry (TN)*
1986-88	*Rep. Don Anderson (OK)*
1988-90	*Rep. Bob Hunter (NC)*
1990-91	*Rep. Tom Gustafson (FL)*
1991-93	*Sen. Ted Little (AL)*
1993-95	*Sen. Bill Lewellen (AR)*

Meeting for the last time in Nashville, Tennessee, the Task Force reviewed its recent activities--including participation in a Senate subcommittee hearing in Miami with then U.S. Senator Lawton Chiles and the completion of a survey of southern state action on maternal and child health issues--and discussed a draft work plan which set forth goals for the second phase of the Task Force's work: the implementation of its recommendations.

The Task Force had fulfilled its original goals of raising public awareness, reporting on the status of infant mortality in the South and current efforts to reduce it, identifying preventive approaches that had shown promise in the South and elsewhere, and recommending steps that key policymakers and health care practitioners in the region must take to improve substantially the health of pregnant women and young infants in the South. For the implementation phase, the Task Force receded into the background, taking the form of an Advisory Committee for the Project (still chaired by Rae Grad), which emerged as a full-time force for action on maternal and child health issues. Governor Riley continued to serve as Advisory Committee chairman, and the Work Group members remained valuable sources of advice and assistance.

Transition to a Broader Focus

To facilitate the transition from a temporary task force to a more permanent project, the Work Group developed an action agenda to guide the Project's early activities. This work plan envisioned numerous initiatives to promote prevention of infant mortality while sustaining the interaction between executive, legislative and private officials that had contributed to the Task Force's effectiveness. The plan called for encouraging the continued active support of the southern governors, holding "governors' conferences" for policymakers in each of the southern states, devising a plan for implementing the Task Force's federal recommendations, and serving as a clearinghouse for information on infant mortality, publishing and disseminating written materials, developing community and corporate linkages, and continuing to raise public awareness.

PHASE TWO:
Seminars Spread the Word

In its first year, the Task Force had pursued an admittedly ambitious, but relatively narrow, agenda: assessing the health needs of southern mothers and infants, proposing policy initiatives to address those needs, and drawing public attention to the problem of infant mortality. Now, with Project Director Rae Grad at the helm, the Project broadened its focus significantly. In addition to governors' conferences designed to promote the Task Force recommendations, the Project's activities for the next nine years would include major research on AFDC, WIC and Medicaid; the formation of coalitions to mobilize the religious and corporate communities for the struggle against infant mortality; an adolescent pregnancy prevention initiative; data-distribution and public awareness activities; and conferences and legislative briefings on issues ranging from health care provider shortages to substance abuse treatment for pregnant and parenting women. Every year, the Project conducted seminars for legislators on these issues at the Southern Legislative Conference's annual meeting.

> ***"We have the technical know-how, we have sophisticated communication capabilities, we have dedicated health care practitioners eager to serve the public, and we have the basic knowledge of preventive health care. What we do not have is the societal commitment for putting our collective noses to the grindstone and not budging until the changes we know need to be there--are there."***
>
> **Alabama State Senator**
> **Ted Little**
> Chairman, Southern Legislative Conference
> July 22, 1985

With the Task Force recommendations as a guide, the Project embarked on a campaign to educate, assist and galvanize southern community leaders and policymakers. Between 1986 and 1988, the Project held governors' conferences in 10 southern states: Alabama, Arkansas, Delaware, Georgia, Maryland, Mississippi, Oklahoma, South Carolina, Virginia and West Virginia. By 1990, the Project had conducted conferences in 15 of the states and territories in the southern region, as well as follow-up meetings in several states.

The conferences were planned and coordinated by the state legislative leadership, the governors' offices, state chapters of the March of Dimes Birth Defects Foundation, and the Project. They provided forums for Project staff to discuss with concerned policymakers and community members state-specific strategies for preventing infant mortality. The Project used these seminars to summarize both the Task Force findings and a compendium of model state legislation to reduce infant mortality, which the Task Force had developed in conjunction with its Final Report at the request of the Southern Legislative Conference. After the seminars, the Project staff provided follow-up services to enable state officials to implement infant mortality prevention proposals.

The specific format and focus of each governor's conference varied according to the needs of each state. In Georgia, the meeting emphasized the governor's "Nine by Ninety" initiative--a reference to U.S. Surgeon General Julius Richmond's 1979 goal of reducing the national infant mortality rate to nine infant deaths per 1,000 live births by the year 1990. In Delaware, a long-term mental health facility served as the backdrop for the seminar, which produced momentum and public support for the perinatal health initiatives already underway in that state. The Mississippi governor's conference sought to rally legislative and corporate support for future efforts. And in Oklahoma, a well-publicized seminar drew nearly 300 health care providers and community leaders to discuss ongoing infant mortality reduction efforts.

The governors' conferences drew participants from a variety of backgrounds, including government, business, education, religion and the health

professions. This diversity of backgrounds enabled the Project to communicate to a large audience, heightening awareness of infant mortality and building support to implement prevention initiatives. Several states followed up with additional activities, seminars and town meetings to further their goals and bring the issue of infant mortality before new groups.

These seminars produced numerous tangible benefits, as well. The Virginia seminar, for instance, resulted in the creation by the general assembly of a Statewide Council on Infant Mortality to oversee state needs and present recommendations to the governor. North Carolina, too, established an Infant Mortality Task Force responsible for developing recommendations for the governor, while Alabama instituted task forces in communities statewide. The Maryland seminar generated support for legislation to create a Commission on Infant Mortality Prevention to ensure the state's progress. And throughout the South, the conferences promoted the expansion of Medicaid coverage to all pregnant women and children below the federal poverty level. By 1988, 15 of the 17 southern states had adopted the expansion, which is known as the SOBRA option after the Sixth Omnibus Budget Reconciliation Act of 1986.

> ***"Infants die daily because they and their mothers are not afforded the luxury of medical attention, a luxury many of our counterparts overseas take for granted. Many of these deaths can be prevented simply by providing comprehensive health care for nine short months during the mother's pregnancy."***
>
> **Arkansas Governor Bill Clinton**
> Chairman, Southern Corporate Coalition to Improve Maternal and Child Health
> September 1989

Community Action

In conjunction with the governors' conferences, the Project had begun to make overtures to the corporate community. Business leaders were enlisted to help organize the seminars, and in 1986, the Project established the Southern Corporate Coalition to Improve Maternal and Child Health (The Coalition). The Coalition, which was composed of business executives from throughout the South, published a report entitled *Boardrooms and Babies: The Critical Connection*, which documented the cost to businesses from preventable infant deaths and disabilities, and listed recommendations for private sector action to reduce infant mortality (see below).

In 1987, the Project also began to cultivate contacts with the religious community by establishing the Southern Ecumenical Council on Maternal and Infant Health (The Council). Similar in structure to the Coalition, the Council was composed of religious leaders appointed by their respective governors. The Council sought to educate religious leaders about the impact of early and comprehensive prenatal care, introduce them to effective strategies that other churches and synagogues had employed to support their local health departments, and assist them with starting programs in their own houses of worship.

A Corporate Strategy to Reduce Infant Mortality

As part of its effort to engage community members at all levels in the campaign against infant mortality, the Project, in 1986, established the Southern Corporate Coalition to Improve Maternal and Child Health. The Coalition, chaired initially by Governor Riley, consisted of a diverse group of business representatives who had been appointed by each of the southern governors, as well as a representative selected by the March of Dimes. It included officials from Mass Mutual Life Insurance Company, General Electric, American Airlines, and several medical corporations.

The Coalition was formed to enable the Project to educate corporate leaders about the need to help reduce infant mortality through corporate health benefit packages, wellness programs, and other business policies. The Coalition's message was that private sector policies can help reduce infant death and disability and that all public solutions benefit from the broad support of the business community.

The Coalition met for the first time on August 13, 1986, in Charlotte, North Carolina. Attendees at that meeting included: Project staff; SLC and

SGA officials; and executives representing Frito-Lay, Inc., American Medical International, and nearly 20 other southern-based businesses.

In April 1987, with funding from the Pew Charitable Trusts, the Coalition produced a video and accompanying report, both of which were entitled *Boardrooms and Babies: The Critical Connection.* The report was based on a review the Coalition had conducted of the business community's priorities in the area of maternal and child health. It documented the real costs to businesses of preventable infant deaths and disabilities, and listed recommendations for private sector action to reduce infant mortality such as including comprehensive maternal and child health benefits in insurance packages, providing parental leave, and educating the labor force about health issues. The report presented an economic argument for business involvement in prevention efforts, describing the participation of women in the workforce and demonstrating the harm to businesses caused by cost shifting--the process through which the working poor's unpaid hospital bills are shifted to those who can afford to pay, through higher prices, higher taxes and higher insurance rates.

Boardrooms and Babies was distributed to corporate leaders and policymakers across the South via local business groups and the media. It was also widely used in state seminars. To further promote private sector involvement in maternal and child health issues, corporate leaders appeared on television and radio talk shows throughout the South and authored articles for various journals.

Under the guidance of Virginia Davis Floyd, M.D., Georgia Family Health Services Director and the Project's Acting Director from 1987-1988, the Coalition devised an "action agenda" to guide its activities. With Arkansas Governor Bill Clinton serving as Coalition chairman from 1988 to 1990, the Coalition targeted select states, cities and companies to help implement recommendations from the *Boardrooms and Babies* report.

At a Delaware summit in 1989 that presaged his presidential push for health care reform, Governor Clinton exhorted business leaders to help prevent infant mortality by providing employees with comprehensive health care, saying "I challenge you to commit yourself to the health of your employees, your business and your community...."

In 1992, the Project published a report entitled *Prevention Makes Cent$*, which Project Director Tamara Lucas Copeland called "a guide for businesses who are interested in lowering their health-care costs and improving the health of their employees." The report was developed to supplement the Corporate Summit for Children, a conference attended by about 150 corporate executives and health officials and sponsored by the Maryland Commission on Infant Mortality Prevention. Like *Boardrooms and Babies*, the report provided an economic rationale for corporate involvement in prevention efforts, and it identified businesses that had implemented innovative programs to reduce risks for costly, poor birth outcomes and to educate their employees about the importance of prenatal care. Initiatives that the report highlighted included incentive policies to enable employees to obtain prenatal care, public-private partnerships and prenatal education programs.

Working with Religious Leaders to Save Lives

Recognizing the tremendous potential for religious leaders to encourage healthy behavior and generate community support for prevention efforts, the Project, in 1987, established the southern Ecumenical Council on Maternal and Infant Health. The Council, composed of religious leaders appointed by their respective governors, was convened to familiarize leaders of different faiths with infant mortality and low birthweight, educate them about the impact of early and comprehensive prenatal care, introduce them to ways that churches and synagogues can support the efforts of their local health departments, and help them initiate prevention efforts in their own houses of worship.

The Council, chaired by Georgia Governor Joe Frank Harris, examined and publicized the ways religious leaders and institutions can reduce infant mortality through education, outreach, and service provision. By developing a network of informed local leaders capable of reaching a wide number of mothers and young people, the Council sought to take advantage of the clergy's ability to provide ideas, funds, and volunteers for local infant mortality prevention activities.

With financial assistance from the March of

Dimes, the Project worked extensively with clergy and health staff, providing technical assistance in several Southern states. Among other activities, the Council initiated community- and state-based seminars throughout the South. In Delaware, for instance, Governor Michael Castle and Council representatives Reverends James Seymour and Daniel Rich hosted Delaware's Ecumenical Conference on Infant Mortality in April 1989, which brought together over 100 clergy and laity from around the state to discuss the problem of infant mortality and to develop working strategies which involve the religious community. Governor Henry Bellmon and the Oklahoma Interfaith Concern for Children, Youth and Families, in May 1989, sponsored ecumenical breakfasts in four cities and towns to provide religious leaders with information about infant mortality and garner commitments from participants to become part of the solution. And, at a June 1989 luncheon in Virginia, the governor asked over 60 participants to join him in his commitment to create healthier beginnings for newborns.

> ***"Every religion respects life and works toward its continuation and improved quality....As clergy, you are in a powerful position of influence. Your congregation members respect you and follow your teachings. We need your help."***
>
> **Tamara Lucas Copeland**, Director
> Southern Regional Project on Infant Mortality
> 1991 letter to clergy

Governors, state legislators and state health administrators knew that they could never match the ability of religious leaders to reach those low-income and minority women whose families are stricken disproportionately by infant mortality. The creation of the Southern Ecumenical Council on Maternal and Infant Health enabled state leaders to seek assistance from the religious community in the promotion of prenatal care and, ultimately, in the prevention of infant death and disability. To guide religious leaders in their efforts to prevent infant mortality in the South, the Project in 1991 initiated a program called Hold Out the Lifeline, which was named after the spiritual, "Hold Out the Lifeline...Someone is Sinking Away."

Hold Out the Lifeline was developed with assistance from the Pew Charitable Trusts to encourage the religious community to work with local health departments to disseminate information on the importance of prenatal care and to provide low cost programs targeted at pregnant women. Hold Out the Lifeline has provided technical assistance to 10 southern states, many of which have established committees to develop new programs in their communities. Altogether, over 50 Hold Out the Lifeline programs have been established in communities across the South since the program's inception.

In 1991, the Project developed a compendium of program ideas along with a video and a resource packet for use by religious leaders in educating their congregations about ways to prevent infant mortality. These materials provided information about the incidence of infant mortality with sample lesson plans to help religious leaders educate their congregations about child and maternal health concerns. They also identified programs that religious institutions have undertaken to harness volunteer energy and provide goods or services for pregnant women. Suggested programs included providing "resource mothers" for young women who know little about pregnancy and parenting, offering prenatal education classes, developing appointment reminder programs, and providing transportation for pregnant women to and from health care appointments.

The success of Hold Out the Lifeline is attributable to its mix of education and action components. Clergy and lay leaders of all denominations are informed about the causes of low birthweight and infant mortality and then encouraged to educate their congregations about the vital role of prenatal care in ensuring healthy birth outcomes. Volunteers are then sought for projects that assist pregnant women.

The creation of the Southern Ecumenical Council on Maternal and Infant Health and the Hold Out the Lifeline initiative have produced a network of concerned religious leaders capable of and committed to communicating the message that early and comprehensive prenatal care is the single greatest contributor to the birth of a healthy baby.

PHASE THREE:
Access, Advocacy and Prevention

Having worked in its early years to heighten awareness of and facilitate solutions to the problem of infant mortality, the Project began in 1987 to concentrate its efforts on helping selected southern states increase access to preventive care and nutrition services for poor pregnant women and infants. In addition to collaborating with the Robert Wood Johnson Foundation on its "Healthy Futures" program and with the U.S. Department of Health and Human Services on its "Healthy Generations" program (both of which provided grants to states for infant mortality reduction programs), the Project embarked on a multi-year initiative to prevent adolescent pregnancy in the South.

The Project also published a series of studies on AFDC, WIC, and Medicaid services in the South. *The Southern State Survey on the Relationship Between WIC and Medicaid*, published in 1987 with funding from the Robert Wood Johnson Foundation, reported the results of a survey the Project conducted of the 17 southern states, the Virgin Islands, and Puerto Rico. The survey revealed a troubling lack of coordination in the South between WIC and Medicaid programs. Because most states had not implemented measures such as automatic referral between the two programs or co-location of AFDC and Medicaid eligibility workers in WIC and health department clinics, fewer people had access to care than needed it.

The Project followed this survey with its 1988 *Study of the AFDC/Medicaid Eligibility Process in the Southern States*, which documented how delays in eligibility determination and denials of eligibility on procedural grounds obstructed access to prenatal care. Interviews with providers, advocates and public officials produced a portrait of an eligibility determination process that was complex, time-consuming and demeaning. The study recommended improvements in the AFDC/Medicaid eligibility process to assure that state and federal initiatives to provide preventative health benefits are not hampered by unreasonable or excessive administrative requirements.

In 1989, the Project produced a third report on access, entitled *An Examination of the Barriers to Accessing WIC, AFDC and Medicaid Services*. Based on an intensive review of programs in Arkansas, Florida, North Carolina, Texas and West Virginia, the Project presented an assessment of the policies, practices and procedures that exacerbate and alleviate the problems low-income women face in accessing health services. The report identified barriers to access, including lack of Medicaid coverage, insufficient funding for WIC, rigid eligibility requirements, health care provider shortages, and medical malpractice liability concerns.

The Southern Legislative Summit

Recognizing that the value of its research and public awareness efforts would be diminished unless they were followed by concerted calls for action, the Project in 1990 sponsored a four-day summit in Richmond, Virginia. The Southern Legislative Summit on Healthy Infants and Families brought together a select group of state legislators, health providers and advocates from every state in the South to develop a realistic plan of action for achieving the Surgeon General's maternal and child health goals for the year 2000. (These goals included an infant mortality rate of no more than seven infant deaths per 1,000 live births, and no more than 11 among blacks; a low birthweight rate not to exceed five percent of all live births; and the provision of prenatal care to at least 90 percent of pregnant women during their first trimester of pregnancy.)

The Summit, which was led by Florida House Speaker Tom Gustafson, the Project's 1990 lead legislator, opened with remarks by Virginia Governor L. Douglas Wilder and featured an address by

Dr. Joycelyn Elders, now the U.S. Surgeon General. In a mock legislative session in the House Chamber of the Virginia General Assembly, the Summit participants established a list of goals: ensuring access to health care for all pregnant women, infants and children; providing special services for high risk and substance-abusing pregnant women; preventing unintended pregnancies; easing the perinatal provider shortage; and establishing a maternal and child health commission--and then formally adopted a policy statement identifying approaches necessary to reach these goals.

> ***"The Southern Legislative Summit on Healthy Infants and Families was by far the most valuable conference time I have ever spent. So much information and good ideas were generated and affirmed by this conference--ideas that I and my colleagues are excited about bringing back to Oklahoma...now the real work begins."***
>
> *Joy L. Leuthard, M.S., L.S.W.A*
> *Director, Oklahoma City*
> *Healthy Futures Program*
> *October 8, 1990*

The policy statement formed the basis for model legislation developed by bill drafters of the Virginia and Florida state legislatures and formally approved by the Summit attendees. Both the policy statement and the model legislation were published in *The South's Agenda for Healthy Infants and Families* and distributed to state policymakers throughout the South to guide their infant mortality prevention efforts. In addition, the Project in 1992 released the first volume of a report called *Countdown to 2000*, which measures the South's progress in implementing the Summit recommendations and achieving the Surgeon General's maternal and child health goals for 2000. *Countdown to 2000* will be updated biennially, with the second volume due for release later this year.

Finding Common Ground on Malpractice Issues

The Southern Legislative Summit, as well as a 1990 survey of legislators and other state health officials, highlighted the importance of addressing the medical malpractice liability concerns that contribute to the problem of provider shortages and consequently deny many women and their children access to obstetrical care. In December 1991, the Project conducted a working conference in North Carolina which attracted 135 participants representing every state in the South and many national health and policy organizations. The two-day conference drew together representatives of both the legal and the health community — traditional adversaries — to engage in a unique cooperative effort on an enormously contentious issue.

In a briefing document prepared for the conference, Project deputy director Shelly Gehshan argued that "[e]fforts to remove barriers to obstetrical care — financial, practical, educational or other--are meaningless unless there are sufficient numbers of physicians or other health care professionals who are available and willing to provide prenatal care and delivery services." Conference participants agreed, and, following a welcome address by North Carolina Governor Jim Martin, they set about discussing alternatives to the tort system for resolving disputes arising from the provision of medical care. Their conclusions and their recommendations were presented in the Project's 1992 report, *Common Ground: Medical Liability and Access to Obstetrical Care*. In addition, the Project was asked by the White House Task Force on Health Care Reform to submit comments about the consensus reached at the conference in order to assist the Task Force in crafting medical liability remedies for the nation.

Preventing High-Risk Births: The Adolescent Pregnancy Prevention Initiative

In 1987, a string of troubling statistics compelled the Project to launch a campaign to prevent adolescent pregnancy: adolescents under the age of 18 were twice as likely as adults to deliver low birthweight babies, and the 10 U.S. states with the highest percentage of births to adolescents that year were in the South. With the link between

adolescent pregnancy and infant mortality so disturbingly clear, the Project undertook an effort to define the scope of the problem.

The result of this effort, *Adolescent Pregnancy in the South*, was published in 1988 with funding from the Carnegie Corporation of New York. Based on an extensive literature review and a survey of the 17 southern states, the report examined the economic, health, social and educational problems associated with adolescent pregnancy and childbearing. In addition to documenting the costs and consequences of adolescent childbearing for the child, the mother and the public (in terms of AFDC, food stamp and Medicaid expenses), the report highlighted prevention initiatives from various states.

> ***"The Project has proven itself over the last eight years, and 'come of age' as an organization. Infant mortality is part of every state's agenda, a part of its programming, and a part of the work many legislators and governors aim to do while in office."***
>
> ***Oklahoma Governor David Walters***
> *Co-chairman, The South's Advisory Board on Infant Mortality*

In late 1988 and early 1989, the Project convened the Southern Strategic Planning Group on Adolescent Pregnancy Prevention, an advisory body headed by Mississippi Governor Ray Mabus and Oklahoma state representative Don Anderson, and composed of experts, including Dr. Joycelyn Elders, appointed by southern governors, and representatives of the Southern Legislative Conference, national and community organizations, and the private sector.

The Planning Group met for a year and issued its recommendations in a 1989 report entitled *Breaking the Cycle*, which Governor Mabus and Representative Anderson called "an action plan for governors, legislators, civic and religious leaders, the corporate community, educators, the media and everyone who cares about our children's future."

Over the next year, the Project hosted roundtable discussion groups in all 17 southern states and the District of Columbia with state legislators, governors' staff, representatives from state health, education, labor and social services and mental health agencies, ecumenical and business leadership, philanthropic organizations and advocacy groups. Participants described prevention programs and progress in their respective states. In 1990, Governor Mabus released *A Mandate for Leadership*, which presented the information gathered at these meetings. *A Mandate for Leadership* examined the status of adolescent pregnancy prevention programming in the South and documented the need for continued efforts at the state and local levels.

As its adolescent pregnancy program became more formalized, the Project in 1990 established the Southern Center on Adolescent Pregnancy Prevention (The Center). The Center served in part as an information clearinghouse, producing a quarterly newsletter and a series of issue briefs analyzing prevention policies and describing model programs. In 1991, the Center compiled an inventory of state programs and policies to prevent adolescent pregnancy, and a year later the Center issued *Expenditures and Investments*, which assessed the South's commitment of financial resources to adolescent pregnancy prevention.

Expenditures and Investments drew attention to the exorbitant public expenditures related to teen childbearing in contrast to minimal investments of state and federal resources for adolescent pregnancy prevention. "The argument," wrote John Schlitt, the Center's coordinator, in the report, "is not that assistance for pregnant and parenting adolescents is inappropriate, but that greater attention to primary prevention efforts might yield fewer unintended pregnancies, and as a consequence, fewer publicly supported families."

Of the many publications the Project has produced, *Expenditures and Investments* generated the most significant press response, including 200 articles and editorials in newspapers nationwide. The *St. Augustine (Florida) Record* applauded the study for offering "strong evidence that whatever the moralistic/scientific tack we take to control adolescent births, it costs much less to prevent babies than to deliver them. That's just the money. The savings for mother and child in human terms is greater still." Similarly, the *Athens (Georgia) Daily News* editorialized that "[i]t doesn't take a social scientist or an economist to see that the most

compassionate and most fiscally sound course of action is to place more emphasis and more resources into preventing unwanted births."

In the wake of the publicity that *Expenditures and Investments* attracted, Project Lead Governor David Walters of Oklahoma appeared before a subcommittee of the U.S. Congress' Joint Economic Committee. Governor Walters and Project staff also participated in a nationwide ABC Radio news show.

In addition to its research and publications activities, the Southern Center on Adolescent Pregnancy Prevention provided technical assistance to state and local health advocates. The 1991 Southern Leadership Consortium on Adolescent Pregnancy Prevention, for example, brought together people representing family planning, school, health, and government interests to learn about the region's effective strategies and define a role for state government in the campaign against teen pregnancy. The Center also produced a technical assistance manual in 1993 that offered instructions for building a successful awareness campaign, and Center coordinator John Schlitt presided over the initial meeting of Delaware's Adolescent Pregnancy Prevention Task Force the same year.

With funding from the Charles Stewart Mott Foundation, the Center in 1992 and 1993 conducted statewide consensus-building assemblies in Texas and Louisiana that gathered state policymakers, community leaders and health service providers for the purpose of developing policy recommendations. The Center also collaborated with the Texas Comprehensive School Health Initiative's All Well Conference to help community health teams develop prevention approaches appropriate to their local needs. Finally, the Center provided technical assistance directly to communities through a series of regional adolescent pregnancy prevention workshops in six Southern states.

The Advisory Board Sets Goals

Having established itself as an influential contributor to the crusade for maternal and child health, the Project began to develop a more formalized support structure. In 1992, the Southern Governors' Association and the Southern Legislative Conference established the Advisory Board of the Southern Regional Project on Infant Mortality to guide the Project's work. Composed of one appointee of both the executive and the legislative branches of every jurisdiction in the South, the Board has included Cabinet-level officials, maternal and child health directors, chairs of legislative health committees, obstetricians, nurses, and academicians. The Board assists the Project in setting priorities and determining the best approach to support state leaders in their efforts to meet the Surgeon General's maternal and child health goals for the year 2000.

> ***"[A]s long as babies are dying in the South or being born with disabling conditions that could have been prevented, we must continue to push for programming for the children of tomorrow."***
>
> **Tennessee State Sen. Douglas Henry**
> Conclusion to A Bold Step
> 1989

Oklahoma Governor David Walters, co-chairman of the Advisory Board at its first meeting on April 28, 1992, said the establishment of the Board "signifies that the Project has proven itself over the last eight years, and 'come of age' as an organization." With Alabama State Senator Ted Little as its co-chairman, the Board identified three priority areas for the Project's initiatives over the next several years:

- **Health care financing** -- working with states to ensure that all pregnant women have financial access to health care;
- **Developing a system of care** -- assisting states to improve access to care for high-risk populations such as adolescents, low-income women, and the uninsured; and
- **Prevention** -- collaborating with states on efforts that promote healthy, planned pregnancies for all age groups, with a special emphasis on services and education for adolescents and high-risk women.

An Information Clearinghouse

Since its inception, the Southern Regional Project on Infant Mortality has operated as an information clearinghouse, compiling data, conducting research and producing publications to raise public awareness and assist maternal and child health advocates. Project staff members distribute memos, briefing papers and reports on topics of current interest to governors' staffs and legislative offices; speak or participate in national, regional and state meetings on topics related to infant mortality; and help place infant mortality and potential solutions on the agenda of meetings of governors and legislators.

In 1991, the Project began producing a quarterly newsletter, *Special Delivery*, which provides program analyses, updates on Project activities, explanations of changes in state and federal policies, and descriptions of selected Southern initiatives.

In the past decade, the Project has published numerous reports designed to inform policymakers and service providers of effective programs by identifying successful strategies and providing the addresses of the people responsible for them.

A Bold Step: The South Acts to Reduce Infant Mortality highlighted a variety of innovative approaches implemented in southern states to prevent infant mortality. Designed as a practical guide to effective programs, the report provided useful information about each of the southern states: legislative contacts, names of state health officers and maternal and child health directors, the state vital statistics office's telephone number, and descriptions of new initiatives.

In 1991, the Project presented *A Fiscal Imperative: Investing in Prevention*, as a follow-up to the Task Force's 1985 report, *A Fiscal Imperative: Prenatal and Infant Care*. The report documented the cost, in financial terms, of failing to invest in preventive efforts, and suggested that the key to lowering these costs in the South was to fund WIC, outreach and care coordination services, public health clinics, alcohol and other drug abuse treatment, family planning services, and primary health services for pregnant women, infants and children.

Like *A Bold Step*, the Project's 1992 report entitled *Building Blocks: Infant Mortality Prevention Strategies* identified effective prevention programs and listed contacts for each of them. In an introduction to the report, Project lead governor David Walters of Oklahoma and lead legislator Ted Little of Alabama wrote, "The responsibility is now ours, southern state policymakers and program coordinators alike, to utilize our region's successes and construct a South that guarantees all infants a healthy start in life."

Building Blocks generated an extremely favorable response from southern policy advocates and government leaders, with Virginia Governor L. Douglas Wilder writing appreciatively to Governor Walters, "I agree with you that efforts such as care coordination, substance abuse treatment, and outreach activities are critical to obtaining continued improvement in the reduction of low birthweight births and infant mortality. I will share *Building Blocks* with the appropriate personnel in my administration."

To assess the progress of the southern states in implementing recommendations developed at the 1990 Southern Legislative Summit on Healthy Infants and Families, the Project began in 1991 to track the South's progress in attaining the U.S. Surgeon General's maternal and child health goals for the year 2000. In conjunction with the University of South Florida's Institute for At-Risk Infants, Children and Youth and Their Families, the Project developed a survey which was sent to maternal and child health directors in each of the Project's twenty jurisdictions.

The survey results, published in the 1992 report, *Countdown to 2000*, indicated that states had made progress in ensuring access for Medicaid-eligible pregnant women, but little headway in addressing lack of insurance coverage and delivery of services to pregnant women and infants ineligible for Medicaid but lacking private insurance. The survey also observed good attempts to improve distribution of health care providers and prevent unintended pregnancies, but only slow advances in substance abuse efforts and little progress at all in easing problems associated with medical liability. The second volume of *Countdown to 2000*, provides an updated review of the South's progress in addressing these problems.

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LOOKING AHEAD: A NEW DECADE BECKONS

The priorities, set by the Board in 1992, have guided the Project's work over the last two years and will continue to direct our efforts as we begin our second decade. Our recent initiatives have targeted populations at risk of delivering unhealthy babies — adolescents, women addicted to substances, and low income, low literacy families — even as we have maintained the close relationship with governors and state legislators that has been our hallmark for 10 years.

> ***"If poverty cannot be eliminated, which it probably cannot, the next best strategy is to selectively address the situations leading to high risk births and intervene at strategic points."***
>
> **Rae K. Grad**
> Director, Southern Regional Project on Infant Mortality

Adolescents

Since 1987, the Project's adolescent pregnancy prevention initiative has been a pivotal force both in gathering and disseminating information and in working with southern communities to implement effective programs. The link between adolescent pregnancies and infant death or disability remains as strong as ever, and the Project is committed to continuation of the initiatives.

Women with Substance Abuse Problems

In addition to its adolescent pregnancy prevention efforts, the Project began in 1991 to examine barriers to treatment for pregnant and parenting women with addictions to alcohol and other drugs. After surveying 94 treatment program directors region-wide and interviewing an additional 92 program directors and 181 substance-addicted women in four states, the Project published *A Step Toward Recovery* in 1993. The report demonstrated that women are underserved by alcohol and drug abuse programs, and that there are logistical and institutional barriers to treatment for these women--lack of money or insurance, transportation problems, admission criteria that exclude pregnant women, etc. More significantly, the report for the first time documented psychological barriers to treatment, such as a fear of losing children to child protective services or to other family members.

A Step Toward Recovery contributed dramatically to the body of knowledge about women and addiction. When the report was released at a 1993 Washington press conference by Project lead governor Pedro Rosello of Puerto Rico and lead legislator Senator Ted Little of Alabama, it garnered significant media attention, with articles appearing in 25 states, two television news stories, and numerous health newsletters and magazines.

The second phase of the substance abuse initiative is the dissemination of the report's results and the provision of technical assistance to states. The Project distributed *A Step Toward Recovery* to state legislators, governors and governors' staff, treatment providers, state agency officials, advocates and researchers. In the last year, the Project has conducted technical assistance meetings in seven states, and three more are planned for the fall of 1994. The meetings generally are hosted by the director of the state alcohol and drug agency. They provide a forum for officials from different state agencies to collaborate and to coordinate services for women.

Low Literacy Resource Materials

The Project, since 1993, has been developing educational materials for first-time mothers with low literacy levels. At the suggestion of southern neighborhood health advocates, and with the assistance of an expert in curriculum development, the Project is preparing a keepsake book which will be interactive and geared toward mothers of all

races with a third-to-fifth grade reading level. Messages will be delivered in rhyme, cartoons, quizzes and spaces to insert pictures or personal information, so that women can personalize their books and use them both to learn and to remember their baby's first year. Prototypes of the books, entitled *I'm Somebody, I'm a Mom,* were tested in focus groups and in individual interviews at the Healthy Start in the District of Columbia.

Working with State Legislators

Throughout its 10 year existence, the Project has enjoyed a mutually rewarding relationship with southern governors and legislators. With the emergence this year of an initiative called "Infant Mortality: Challenges and Solutions" that relationship continues to flourish.

"Challenges and Solutions" is a series of legislative briefings that the Project is conducting in southern state capitols to share information with state policy leaders and health officials. To date, the Project has convened legislative briefing sessions in Tennessee, Georgia, Maryland, and Florida; more are planned for late 1994 and 1995. The meetings generally draw legislators, their staff, state maternal and child health advocates and representatives with the media. The content is tailored to meet state-specific needs identified in advance by legislative participants and health professionals. The briefings provide information and technical assistance to the Project's legislative constituents on issues related to infant mortality and child and maternal health.

Maternal and Child Health Initiatives Underway

Two initiatives currently in the planning and development stages reflect the Project's commitment to ensuring access to care, assisting high-risk populations, and promoting preventive measures to save infants' lives.

Hand in Hand: Communities Investing in the Health of Women and Their Families will mobilize community involvement and forge partnerships to improve the health of women and their families in the South through community-based services and education. In partnership with the March of Dimes, the Project recently received a planning grant for this "AmeriCorps" initiative from the Corporation for National Service. *Hand in Hand* will enlist young Americans in national and community service in exchange for educational stipends.

Hand in Hand will train AmeriCorps members to support the work of maternal and child health professionals through community-based perinatal education, outreach, and support programs in targeted southern communities. The program will benefit from the March of Dimes' vast experience in training and employing community volunteers, and from the Project's expertise in disseminating information on model program strategies and our links with maternal and child health officials and policymakers.

A second program in the works will address the rising demand for mid-level primary care professionals such as nurse midwives and nurse practitioners. The initiative will seek to educate southern policymakers about the qualifications and benefits of using advanced practice nurses and physician assistants to provide essential services and alleviate provider shortages. After documenting barriers to practice for mid-level primary care professionals, the Project will assist southern states in improving the legal regulatory environment for advanced practice nurses and physician assistants, while acting as an information clearinghouse for policymakers and advocates seeking to expand the use of these professionals.

CONCLUSION
The Campaign Continues

Infant mortality is a difficult problem with broad and complicated causes, and the Project's activities over the last decade have reflected this complexity. The Project has engaged in research, advocacy and programming in a variety of health-related areas--from medical malpractice liability to adolescent pregnancy, from substance abuse to Medicaid eligibility. We have waged a battle on many fronts for the health of our children, never losing sight of our fundamental commitment to preventing the unnecessary death and disability of our nation's youth.

The South has seen some progress in the last 10 years, but the problem of infant mortality persists. The southern infant mortality rate declined by 22 percent between 1981 and 1991, an assuredly welcome change but still less dramatic than the twenty-five percent decrease in the nationwide rate. Racial disparities continue to threaten the lives of minority children disproportionately (see table, opposite).

Moreover, the percentage of children born too small is rising, and at a quicker pace in the South than nationwide. Southern low birthweight rates registered a six percent increase during the same decade that the nationwide rate rose four percent.

The seeming contradiction of lower infant mortality rates coupled with higher low birthweight rates suggests that our skill in keeping unhealthy babies alive exceeds our will to ensure that they are born healthy in the first place. And while the reduction in infant deaths certainly is cause for cheer, it is not cause for complacency. Children born too small are vulnerable to developmental problems and other disabilities. Thus, as long as we are content to rely on expensive lifesaving medical procedures rather than less costly prevention efforts, our nation will suffer financially and our children will suffer physically, mentally and emotionally.

Guided as always by a unique relationship with southern governors and legislators, and fortified by a decade spent developing technical expertise and cultivating community contacts, the Southern Regional Project on Infant Mortality will continue to energize advocates and mobilize policymakers to prevent infant mortality. After 10 years of influential and effective maternal and child health activity, the Project remains ready to confront the challenge of providing every child with a healthy beginning. The campaign for the health of our children continues.

STATE OF THE SOUTH: THE SURGEON GENERAL'S GOALS FOR 2000

GOALS FOR 2000	STATUS IN 1991	
	THE SOUTH	THE NATION
• Nationwide infant mortality rate of no more than 7 infant deaths per 1,000 live births, and no more than 11 among African-Americans	• Infant mortality rate of 10.8 infant deaths per 1,000 live births, and 16.2 among African-Americans[a]	• Nationwide infant mortality rate of 8.9 infant deaths per 1,000 live births, and 17.6 among African-Americans
• Nationwide low birthweight rate of no more than 5 percent of all live births	• Low birthweight rate of 8.5 percent of all live births	• Nationwide low birthweight rate of 7.1 percent of all live births
• Provision of prenatal care services to at least 90 percent of women in their first trimester of pregnancy	• 73.4 percent of women in the South received prenatal care services during their first trimester of pregnancy[b]	• 76.0 percent of women nationwide received prenatal care services during their first trimester of pregnancy

SOURCES: National Center for Health Statistics (1991 Final Data) and state vital statistics offices unless otherwise noted. Data not available for the Virgin Islands.

[a] African-American infant mortality rate excludes District of Columbia

[b] Alan Guttmacher Institute, 1986 data

INFANT MORTALITY RATES (IMR) IN THE SOUTH, 1981-91

States	1981 IMR	1991 IMR	% Change '81-91
Alabama	13.0	11.2	-14%
Arkansas	11.9	10.2	-14%
Delaware	13.4	11.5	-14%
District of Columbia	25.1	21.0	-16%
Florida	13.3	9.0	-32%
Georgia	13.8	11.4	-17%
Kentucky	12.2	8.9	-27%
Louisiana	13.7	10.5	-23%
Maryland	12.6	9.2	-27%
Mississippi	15.4	11.4	-26%
Missouri	12.6	10.2	-19%
North Carolina	13.1	10.8	-18%
Oklahoma	11.9	9.6	-19%
Puerto Rico*	17.2	13.0	-24%
South Carolina	16.1	11.3	-30%
Tennessee	12.6	10.0	-21%
Texas	11.6	7.7	-34%
Virginia	12.5	9.9	-21%
West Virginia	13.0	8.2	-37%
SOUTH	13.8	10.8	-22%
UNITED STATES	11.9	8.9	-25%

Note: *The Infant mortality rate is the number of infants per 1,000 live births who die before the age of one.*

1991 Delaware rates are five-year averages. Data not available for the Virgin Islands.

* Puerto Rico data is from 1982 and 1991

Sources: *The National Center for Health Statistics and telephone calls to state and territorial statisticians.*

LOW BIRTHWEIGHT RATES (LBWR) IN THE SOUTH, 1981-91

States	1981 LBWR	1991 LBWR	% Change '81-91
Alabama	7.9	8.7	+10%
Arkansas	7.4	8.2	+11%
Delaware	7.8	8.4	+8%
District of Columbia	13.3	15.4	+16%
Florida	7.4	7.4	0%
Georgia	8.5	8.6	+1%
Kentucky	7.0	7.2	+3%
Louisiana	8.5	9.4	+11%
Maryland	7.7	8.1	+5%
Mississippi	8.6	9.7	+13%
Missouri	6.7	7.5	+12%
North Carolina	7.9	8.4	+6%
Oklahoma	6.6	6.6	0%
Puerto Rico*	8.8	9.2	+5%
South Carolina	8.9	9.2	+3%
Tennessee	8.0	8.8	+10%
Texas	6.9	7.1	+3%
Virginia	7.3	7.2	-1%
West Virginia	7.1	6.8	-4%
SOUTH	8.0	8.5	+6%
UNITED STATES	6.8	7.1	+4%

Note: The low birthweight rate is the percent of infants born weighing less than 2500 grams (5 ½ pounds). 1991 Delaware rates are five-year averages. Data not available for the Virgin Islands.

* Puerto Rico data is from 1982 and 1991

Sources: *The National Center for Health Statistics and telephone calls to state and territorial statisticians.*

APPENDIX A

Original Members of the Southern Regional Task Force on Infant Mortality

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APPENDIX C

Staff to the Southern Regional Project on Infant Mortality, 1984-1994

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Tracy Kreutzer, *Research Associate*
Yolanda Washington, *Program Assistant*
Jane Pomeroy Thomas, *Consultant*
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Virginia Davis Floyd, *Acting Director*
Rae K. Grad, *Director*

Peter Paulsen, *Deputy Director*

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Ann D. Mayhew, *Research Associate*
Nancy Rhyme, *Research Associate*
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Alfredo Perez, *Program Assistant*

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Kelly Thompson, *Intern*

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Sarah C. Shuptrine, *Consultant*

APPENDIX D

Advisory Board of the Southern Regional Project on Infant Mortality

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Governor of Puerto Rico

Hon. Roy Lewellen
Arkansas State Senator

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Children's Hospital of the South

Hon. Joe R. Carothers, Jr.
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ARKANSAS

Hon. Wanda Northcutt
Arkansas House of Representatives

Nancy Kirsch
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Arkansas Dept. of Health

DELAWARE

Carmen Nazario
Secretary
Delaware Dept. of Health & Social Services

Hon. Jane Maroney
Delaware House of Representatives

DISTRICT OF COLUMBIA

Patricia Tompkins (alternate)
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Sandra Adams
Executive Director, Louisiana Coalition for Maternal & Infant Health

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Hon. Jerry Howard
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Dr. James D. Bradford
Director, Dept. of HHS

Tennessee

Hon. Bill Purcell
Tennessee House of Representatives

F. Joseph McLaughlin, Ph.D
Psychologist

Texas

No appointments at this time.

Virginia

Hon. Kenneth Melvin
Virginia House of Delegates

Virgin Islands

Mary Ann Whitney, R.N., B.S.N.
Discharge Coordinator
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APPENDIX E

Final Recommendations of the Southern Regional Task Force on Infant Mortality

Service Delivery (states):

- Establish a permanent statewide coordinating council with the authority to oversee planning, delivery and financing of health services in family planning and maternal and infant health;
- Establish adolescent health care clinics;
- Offer family planning services for childbearing women with other systems of routine public and private health care;
- Provide a regionalized system of perinatal health care;
- Design a state transportation plan to assure a smoothly working regionalized perinatal health care system;
- Institute a case-management system for all patients seen in the public or private health care systems;
- Set up mobile health units in rural areas;
- Assure that every child leaving a clinic or hospital has a "medical home;"
- Require hospitals to admit all women in labor;
- Target special public education campaigns to men as well as women;
- Establish a Healthy Mothers, Healthy Babies coalition or other statewide group to coordinate public awareness by providing ongoing education to the general public;
- Expand health education curricula in schools;
- Provide genetic screening and counseling as part of routine maternity care;
- Enlist the services in the state health department of a reproductive epidemiologist to study the effects of environmental hazards on maternal and infant health;
- Address the issue of professional liability for maternal health care providers;
- Increase reimbursement rates to primary care providers under Medicaid;
- Make better use of maternal and infant health personnel in providing care for pregnant women and infants;
- Set up a timely and comprehensive method of collecting data needed to properly plan for future perinatal health care need;
- Set up a training incentive program for nutritionists so that upon graduation they enter and remain in the public health system;
- Set up a state maternal and infant health clearinghouse.

Service Delivery (federal):

- Federal departments with programs affecting maternal and infant health should better coordinate their programs;
- Restructure the federal division of maternal and child health to act as a coordinating body for all federal programs which have an impact on maternal and child health care;
- Set up a congressional technical information network dedicated to maternal and child health issues;
- Issue rules clarifying federal regulations which have an impact on maternal and infant care.

Financing (states):

- Set the minimum AFDC standard of need at no less than 50% of poverty;
- Set up an AFDC Unemployed Parent program;
- Phase in a comprehensive maternal and infant health care package under Medicaid for pregnant women and infants with incomes no less than 50% of the federal poverty level without requiring that they spend down before first gaining eligibility;
- Set up a special indigent care program to fund health care for indigent mothers and infants;
- States should examine state Medicaid programs to be certain that Medicaid funds are being maximized on behalf of pregnant women and children.

Financing (federal):

- Set up a universal prenatal and infant care financing system in which every needy pregnant woman and infant, regardless of categorical eligibility for AFDC, is assured of receiving care;
- Amend the Medicaid law to permit states to provide Medicaid assistance to poor families whose incomes are over the states' AFDC standard of need;
- Amend the Medicaid law to provide a comprehensive maternity and infant health care package for all pregnant women and infants with incomes below 100% of the federal poverty level without requiring that they spend down first before gaining eligibility;
- Expand the Maternal and Child Health Block Grant funds;
- Cover labor and delivery expenses for all needy women;
- Establish WIC appropriations on a yearly planning cycle to allow states time for long range planning for their WIC clients;
- Increase federal allocations for WIC;
- Offer incentives under Medicaid for efficiency;
- Require special diagnostic tests to be covered under the maternal and child health block grant.

Education/Awareness of State and Community Leaders (states):

- Set up a maternal and infant health clearinghouse for state legislators and their states;
- Governors and legislative leaders need to maintain an active interest in the subject of infant mortality;
- Enlist the help of corporate leaders in highlighting infant mortality as a priority problem;
- Educate religious and community leaders regarding their role in improving maternal and infant health.

Research (states):

- Perform a cost benefit study of preventive care, both maternal and pediatric;
- Release official statistics promptly.

Research (federal):

- Perform a cost-benefit study of maternal & pediatric preventive care;
- Encourage research in preventive perinatal health care, including motivational and educational aspects of health and social service delivery.

APPENDIX F

1994-95 Action Plan of the Southern Regional Project on Infant Mortality

In February, 1994, the Advisory Board of the Southern Regional Project on Infant Mortality, made up of legislative and gubernatorial appointees from each of the 20 jurisdictions in our region, agreed that the following three priorities should continue to guide the work of the Project:

1. **Prevention**---The Project will work on initiatives designed to promote planning for pregnancy and entering pregnancy healthy for all age groups, with a special emphasis on services and education for teenagers and high risk women.
2. **Developing a System of Care**---The Project will work with states and communities to improve access to care for high risk populations, such as adolescents, low-income women, and the uninsured.
3. **Health Care Financing**---The Project will work to ensure that all pregnant and postpartum women and children have financial access to health care.

These priorities give shape to the Project's mission to support the work of governors and legislators in their efforts to improve maternal and child health and reduce infant mortality.

In October, 1994, the Advisory Board will review, revise and adopt a final Action Plan based on this draft. Using this Action Plan, the Project will implement new or expanded initiatives in the areas of prevention, developing a system of care and health care financing. In addition, the Project will continue work on its current activities.

PREVENTION

The Project will work on initiatives designed to promote planning for pregnancy and entering pregnancy healthy for all age groups, with a special emphasis on services and education for teenagers and high risk women.

1. ***Conduct research on access to family planning services.***

   Over one-half of all pregnancies in the United States are unplanned. Many experts in the medical community contend that this excessive number of unplanned pregnancies is a major contributor to the country's high infant mortality and low birthweight rates. The Project plans to conduct focus groups with low-income women from across the region to learn about the psychological and physical barriers to preventing unintended pregnancy. A survey will be developed from the focus group responses to measure barriers on a broader scale. The outcome data will be used to formulate social marketing strategies for improving family planning utilization.

2. ***Develop Regional Youth Services Integration Policy Framework***

   The concept of services integration as a means of creating an effective and efficient human service delivery system for young people and their families has enjoyed significant attention of late. There is a great need for a collaborative, seamless system that seeks to reduce the risks of these threats by placing greater attention on youth development instead of youth problems, on primary prevention instead of remediation. The Southern Regional Project on Infant Mortality proposes to conduct an initiative to build political and administrative support among southern policymakers for youth services integration policy development. Our goal is to serve as a regional knowledge-sharing network by generating dialogue across and within states and, ultimately, developing policy and practice standards based on the experiences of integration experts from across the country. Through the establishment of a southern strategic planning group, the Project will create a forum for cross-fertilization,

interstate networking and information exchange. Moreover, we will shape a coherent vision for improving youth service delivery systems across the South.

3. ***Replicate South Carolina's Teen Companion Program***

   The South Carolina Department of Social Services' Teen Companion Program is a unique statewide adolescent pregnancy prevention initiative for high risk youth. Children ages 10-18 from AFDC families (Medicaid eligibles) are invited by local social services agency from each county to participate in this innovative program to help young people postpone sexual activity. Its ultimate goal is to break the cycle of poverty often perpetuated among families on public assistance by helping teens postpone parenthood until they have completed school and are economically self-sufficient. Funding would enable the Project to expand the Medicaid-funded, family-centered, case management and health education program in a variety of youth-serving settings across the South.

4. ***Conduct research on men's role in reproductive health decision-making***

   Little data exists about the impact young unwed males have on preconception decisions, prenatal care decisions, pregnancy outcomes and parenting behaviors if involved at the earliest stages of health care. Funding will enable the Project to examine the following issues: 1) what maternal and child health programs target young males; 2) how are unwed males treated by programs that provide family planning, prenatal and parenting services to women; and 3) what are the attitudinal, programmatic, fiscal and policy barriers that young unwed males face when interacting with the maternal and child health system. A report of research results will be produced and disseminated along with recommendations to policymakers and agency officials for state and federal action. The Project will offer technical assistance on how to design and implement a successful male involvement initiative.

5. ***Southern Community Service Initiative***

   In partnership with the March of Dimes Birth Defects Foundation, the Project seeks to implement a Southern Community Service Project. This initiative will recruit and train student volunteers to coordinate and implement community level perinatal education and service programs for high risk women and families in the South.

Developing a System of Care

The Project will work with states and communities to improve access to care for high risk populations, such as adolescents, low-income women, and the uninsured.

1. ***Work with policymakers and the medical education system to implement strategies that can improve the supply and distribution of primary care providers.***

   Many states are contending with a shortage of obstetrical providers, a scarcity of providers in certain areas, or too few providers willing to accept Medicaid patients. To address these problems, state leaders are exploring numerous approaches for recruiting and retaining obstetrical providers, and altering medical education to better fit the needs of communities. The Project will monitor the impact of these approaches and work with decision makers to institutionalize those efforts that prove to be the most effective.

2. ***Seek opportunities to acquaint policymakers in both the executive and legislative branches with service delivery and access models.***

   The Project has extensive experience with and detailed information about a variety of successful programs in the southern states. One of our most valuable services to advocates and policymakers in a state is the sharing of information about programs that are working in other states. The Project will convene briefing sessions for state leaders to familiarize them with successful programs and provide them with a forum for discussion about program implementation.

3. ***Examine the utilization of advanced practice nurses, with an emphasis on certified nurse midwives.***

   The Project will conduct an in-depth examination of the utilization of advanced practice nurses and work with states to improve the regulatory environment for and expand the use of advanced practice nurses. The Project will conduct a survey to document barriers to practice, and will issue a guide for legislators on advanced practice nursing, including information on training opportunities, access to hospital privileges, incentives for practice, and professional liability.

4. ***Develop and disseminate a guide to establishing prenatal care marketing, public awareness and incentive programs.***

   Marketing, public awareness and incentive programs have been used by many communities to get women to seek prenatal care early. The Project will convene those who developed existing programs and learn from them what has proven to be the most effective. A guide will then be produced for states and municipalities considering such programs.

5. ***Establish and activate a diagnostic team to assist states in identifying gaps in their service delivery system.***

   The Project will establish a diagnostic team composed of a pool of volunteer experts from southern states to conduct a comprehensive examination of states' systems of perinatal care and to advise the governor, legislators and health officials of the strengths and weaknesses of their current system. Governors, state legislators and health officials will be apprised of the availability of this service. The Project will respond to invitations and requests for the services of the diagnostic team.

Health Care Financing

The Project will work to ensure that all pregnant and postpartum women and children have financial access to health care.

1. ***Assist states in improving access to care for infants through the first year of life.***

   One-third of infant deaths occur in the postneonatal period, yet there is little research on effective programs targeted at reducing postneonatal deaths. The Project will review the literature, research state and local programs and services, and assist states in developing programs to improve continuity of care for infants throughout their first year.

2. ***Brief policymakers on access and service issues.***

   State legislators and other leaders are considering increasingly complex health access and service issues. The Project can provide critical information and technical assistance as they move forward on state health care reform, respond to federal mandates and proposals, and develop and refine health programs in their states. A number of topics can be covered, depending on the needs of each state, including: the importance of including non-medical support services for low income women in health care reform plans; "outcomes" evaluations, or how to ensure that states get results in return for investment of public dollars; and proven methods states are using to provide care and services for vulnerable populations.

3. ***Monitor federal and state health care reform with respect to maternal and child health.***

   One of the Project's historic functions is informing Congress about how health care financing is working in states and communities, and communicating information about federal proposals to state policymakers, providers and advocates. The Project will continue to perform this valuable function as reforms proceed at the federal and state levels. The Project will focus on the financing of maternal and child health programs, and include analyses on issues of particular importance, such as access to and confidentiality of family planning

services; the provision of non-medical services for low income women; and whether pregnant and parenting women are receiving services under a new health care financing system.

4. ***Work with federal and state policymakers to ensure access to substance abuse treatment for pregnant and parenting women.***

   The Project recently published ground-breaking research on barriers to treatment for addicted women. With this knowledge base, the Project is ideally suited to educating federal and state policymakers about the needs of pregnant and parenting women who are addicted to alcohol or other drugs. This information is particularly important as new health care financing schemes are being developed which will change what funding is available for treatment. The Project will also use its research findings to provide technical assistance to states in improving their substance abuse treatment systems, and better integrating their health and substance abuse services for low income women.

5. ***Assist states in reducing the black infant mortality rate.***

   One of our nation's worst health problems, and one which has persisted for decades, is that the black infant mortality rate is twice as high as that of whites. The Project will review the body of research that has been done on this issue, increase awareness among state policymakers and providers about the problem, and assist states in targeting the most effective interventions for black mothers and infants.

Selected Publications of the Southern Regional Project on Infant Mortality

Southern Regional Task Force on Infant Mortality Interim Report **(1985)**
An Investment in the Future--Legislative Strategies for Maternal and Infant Health **(1985)**
Southern Regional Task Force on Infant Mortality Final Report: For the Children of Tomorrow (1985)
Boardrooms and Babies: The Critical Connection **(1987)**
The Southern State Survey on the Relationship Between WIC and Medicaid **(1987)**
Study of the AFDC/Medicaid Eligibility Process in the Southern States **(1988)**
Adolescent Pregnancy in the South **(1988)**
Adolescent Pregnancy in the South: Technical Appendix **(1988)**
A Bold Step: The South Acts to Reduce Infant Mortality **(1989)**
Southern Corporate Coalition to Improve Maternal and Child Health: Action Agenda **(1989)**
Adolescent Pregnancy in the South: Breaking the Cycle **(1989)**
Adolescent Pregnancy Prevention: Policy Information Needs **(1989)**
An Examination of the Barriers to Accessing WIC, AFDC and Medicaid Services **(1989)**
Problems and Solutions: Background Papers for the Southern Legislative Summit on Healthy Infants and Families (1990)
Adolescent Pregnancy in the South: A Mandate for Leadership **(1990)**
Adolescent Pregnancy Prevention in the South: Inventory of State Programs & Policies **(1991)**
Hold Out The Lifeline: A Compendium of Program Ideas for Clergy **(1991)**
Hold Out The Lifeline: Video **(1991)**
A Fiscal Imperative: Investing in Prevention **(1991)**
Realizing the Promise of Family Life Education **Issue Brief (1991)**
Bringing Health to School: Policy Implications for Southern States **Issue Brief (1991)**
The South's Agenda for Healthy Infants & Families **(1991-92)**
Medical Liability and Access to Obstetrical Care: Can Alternatives to the Tort System Work? Background Papers for a Working Conference **(1991)**
Common Ground: Medical Liability and Access to Obstetrical Care. Proceedings from a Working Conference **(1992)**
Primary Prevention of Adolescent Pregnancy Among High-Risk Youth **Issue Brief (1992)**
Building Blocks: Infant Mortality Prevention Strategies **(1992)**
Expenditures and Investments: Adolescent Pregnancy in the South **(1992)**
Countdown to 2000: Survey of State Action in Maternal and Child Health. Vol. I **(1992)**
Prevention Makes Cent$: Guide to Healthier Births for Business Owners & Managers **(1992)**
Creating Public Awareness for Adolescent Pregnancy Prevention--A Manual for State and Community Campaigns **(1993)**
A Step Toward Recovery: Improving Access to Substance Abuse Treatment for Pregnant and Parenting Women **(1993)**
Teen Companion Program: A Model for State Prevention Policy and Program Financing **Issue Brief (1994)**
Adolescent Pregnancy Prevention in the South Newsletter **(quarterly, 1990-94)**
Special Delivery **newsletter (quarterly, 1991-94)**
Countdown to 2000: Survey of State Action in Maternal and Child Health. Vol. II **(1994)**

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